

THIRTY-FIFTH
ANNUAL REPORT
OF THE
Bourne Rural Sanitary District,
FOR THE YEAR 1907.



BOURNE,

February 19th, 1908.

TO THE BOURNE RURAL DISTRICT COUNCIL.

Gentlemen,

In preparing my Annual Report for the year 1907, I am made only too conscious of the importance of the subject of the public health of the community and of the large amount of work that will require to be done before the Bourne Rural District will be able to congratulate itself on having remedied all the defects and deficiencies so forcibly pointed out by the Local Government Board Inspector, Dr. F. St. John Mivart, in his comprehensive "Report on the Sanitary Circumstances and Administration of the "Bourne Rural District and the prevalence of Scarlatina and "Diphtheria therein during 1905."

Dr. Mivart's report has been considered in detail before your Council, and I take it that you have had to plead guilty to most of the charges contained therein. Seeing that this report of the whole Rural District has been so recently before you it seems

unnecessary for me to point out anew the various matters in which this district falls short of the ideal country district in which the inhabitants should be able to live healthy lives, free from all the blighting influences of overcrowding and insanitary dwellings, and to rear hardy children, who would develop into vigorous men and women well fitted to play their part in the battle of life.

I am pleased, however, to think your Council has made a beginning in its sanitary reform by agreeing to provide the district with an Isolation Hospital, to be kept always in a state of readiness for the immediate reception of cases of Infectious Disease—more especially cases of Scarlet Fever and Diphtheria. It is the first case or two of these diseases that it is so important to remove from dangerous surroundings, so as not to only benefit the patients themselves, but to prevent the disease spreading to other members of the same and neighbouring households. Your Council has likewise resolved to provide an Ambulance for the removal of the patients to the Isolation Hospital and an efficient Disinfecting Apparatus. We have reason to hope that all these may be in working order before the lapse of another year. During the past year we have had ample experience of the need of an Isolation Hospital, as there have been serious epidemics of Diphtheria at Thurlby and Morton, the latter of which unfortunately, at the date of this report, is still going on; and at Langtoft there has been a constant succession of cases of Scarlet Fever. Had the early cases of these diseases been sent to Hospital, and kept there a sufficient length of time, I think we should not have had such a lengthy list of cases of infectious disease to deal with.

The questions, in my opinion, which now call for your most urgent attention are the Water Supply to many of the villages, the Drainage of the various villages, and the disposal of the contents of privies, ashpits and cesspools.

I have analyzed many specimens of drinking water taken from shallow wells in Deeping St. James, Market Deeping, Langtoft, Baston, Thurlby, Edenham, Hanthorpe, Rippingale, Pointon, Billingborough, Carlby, and in nearly every case I found the water containing too high a percentage of Ammonia, Nitrogen, Chlorides, and Organic matter for it to be considered suitable for drinking purposes. Some of these wells have been ordered to be closed, others to be cleaned out and properly protected, but in most cases the pollution will speedily recur. This is not to be wondered at when one looks at the construction and surrounding of these wells. In many cases the cesspool is within a few feet of the well, and the latter must eventually become contaminated by leakage from the cesspool into the surrounding soil and thence into the well. These contaminated wells ought to be closed, as in most cases an abundant supply of pure water could be obtained at a reasonable cost. This water supply question ought to receive your early attention.

The drainage of the district has received a good deal of your attention and will continue to do so for some time to come as in many cases the means of drainage are very inefficient and are constantly giving rise to nuisances.

The difficulty at present in disposing of the privy contents where the garden space is small prevents many people having their privies converted into earth closets. The provision of a night soil cart for each village or groups of villages would do away with many nuisances which are constantly recurring.

The erection of better dwellings for the working classes is a matter which must constantly engage the attention of your Council as many of the present houses are getting beyond repair and will have to be condemned. A very essential preliminary to the building of such houses has engaged your attention during the past year, viz., the framing of building Bye-laws; these have

not yet received the sanction of the Local Government Board. Unfortunately the cost of erecting suitable houses is, at present, too great to tempt people to invest their money in this direction, so that it may become necessary for public bodies to take the matter in hand without looking too narrowly into the profit side of the transaction.

There is still room for improvement in the general condition of the Cowsheds and Dairies in this district. In very few cases is sufficient cubic space provided for the number of cows kept, and the general condition of the cowsheds as regards cleanliness is far from satisfactory. The water supply in connection with the dairies is often contaminated. In several instances I found serious attempts had been made to render the dairies suitable places for storing milk. Several applications for registration under the Dairies, Cowsheds and Milk-shops Order of 1885 had to be refused, owing to the totally inadequate provision of cubic space, absence of drainage, and contaminated water supply.

The Tables contained in this report call for some remarks.

Table I. contains the vital statistics of whole district during 1907 and the ten previous years.

The first three years give the figures for both Urban and Rural Districts, as at that time they had not been separated. At the Census in 1901, the population of the Bourne Rural District was 13,212, whereas I estimate it now at 12,464. This decrease in the population is due to the well-known cause of the young adults largely forsaking the country for the attractions of the towns or the larger opportunities of the colonies. By prudent and well considered legislation, and by the provision of better homes for the working classes let us hope that this exodus may be stayed. The number of births has gone down from 350 in 1901 to 300 in 1907, giving a birth rate of 26·1 per 1000 inhabitants

in the former year, and 24 in the latter year. This is a low birth rate, as the latest returns for England and Wales, excluding the 218 largest towns, show a birth rate of 25·6. Thirty years ago the birth rate in England was 36, so that we are fast approaching the condition of a stationary population.

The number of deaths of Residents belonging to the district amounts to 202, which is equivalent to a death-rate of 16·2, whereas the death-rate for rural England is 14·7 and for all England only 15·4.

This death-rate appears to be higher than in previous years, because in it has been included, for the first time, the deaths of residents registered in public institutions beyond the district, which amount to 19. The number of deaths of children under 1 year is the smallest on record for the last ten years, viz., 25, giving an infantile death rate of 83·3, whereas in all England it is 118 and in Rural England it is 106. This is the only gleam of comfort to be got from an examination of Table I.

Table II gives the vital statistics for each of the four districts into which the Bourne Rural District is divided.

When examined separately the death rate at all ages is seen to vary as follows: 14·6 for Aslackby, 15·8 for Bourne Rural, 18·3 for Corby, and 16·5 for Deeping. The infantile mortality varies still more, viz., 58·8 for Aslackby, 70·4 for Bourne Rural, 71·4 for Deeping, and 166·6 for Corby. The birth rate varies from 21·8 in Aslackby, 23·4 in Corby, 24·8 in Deeping, to 26·8 in Bourne Rural. Each district shows a decrease in population.

Table III. gives the cases of Infectious Disease notified during the year 1907.

In all, there were 112 cases notified, a diminution of 25 on the number for 1906. These cases all belong to one or other of

the three diseases, Scarlet Fever, Diphtheria, and Erysipelas—the numbers being 52 cases of Scarlet Fever, 44 cases of Diphtheria, and 16 cases of Erysipelas.

Omitting Erysipelas for the present, the bulk of these cases occurred in children attending school—62 out of 96 occurring between the ages of 5 and 15 years. Looking at the individual districts Aslackby was the freest from infectious disease, whereas Bourne Rural was the worst offender—12 cases occurring in Aslackby, 50 in Bourne Rural, 21 in Corby, and 29 in Deeping. Out of 44 cases of Diphtheria, 39 occurred in Bourne Rural, 3 in Corby, 1 in Aslackby, and 1 in Deeping, whereas out of 52 cases of Scarlet Fever, 25 occurred in Deeping, 11 in Aslackby, 8 in Corby, and 8 in Bourne Rural. There have been no deaths amongst Scarlet Fever cases, and this bears out the prevailing opinion that Scarlet Fever is becoming a less virulent disease. Amongst the Diphtheria cases there have been 3 deaths, giving a case mortality of 6·8 per cent. This low death rate is largely due, in my opinion, to the fact that most of the cases were seen early and Diphtheria Antitoxin promptly and energetically used. In this connection thanks are due to your Council for so readily agreeing to my suggestion to supply Antitoxin gratis to all those who were unable to afford the same.

The parishes in which Diphtheria occurred were Morton (25 cases), Thurlby (13 cases), Corby (2 cases), Swayfield (1 case), Langtoft (1 case), Toft (1 case), Dunsby (1 case).

In the case of Morton the first case was imported from a distance and then several cases I believe occurred which were never seen by a medical man and were never notified. Soon a case occurred amongst the children attending the village school, and then a whole group of cases occurred simultaneously. The school was closed immediately after the first case amongst the school children was notified; but the mischief had already been

done as 6 fresh cases were notified within as many days. The homes of most of the children affected were found to be in a dilapidated insanitary condition. In several cases there was only 1 bedroom for a married couple with several children. The bedrooms were mostly small, dark and ill ventilated ; in some cases the windows were not made to open and in others there was only a borrowed light. Damp walls and defective roofs, offensive privies, and back yards without drains were observed in some cases. Two houses were ordered to be closed as unfit for habitation in their present condition ; in other cases the more serious defects were ordered to be made good. Fortunately Morton has an abundant supply of pure water. Had our Isolation Hospital been available most of the cases would have been removed to it. Under the above conditions, the wonder is that only 1 death occurred amongst these 25 cases, and that case was seen for the first time by the doctor only a few hours before its death. The cases of Diphtheria at Thurlby, with one exception, were confined to school children. On making enquiries at Thurlby school I found that some children from an outlying hamlet had been attending school whilst suffering from sore throats, and on going to their home I found one child with post-diphtheritic paralysis. No doctor had been in attendance. The school was closed for disinfection and the epidemic abated, only to break out again as soon as the school was re-opened. A second closure of the school seemed to check the disease as no further cases occurred. Two deaths occurred in the Thurlby epidemic. Similar conditions were found to prevail in several of the homes to those already described under Morton and in addition the water supply in several cases was distinctly polluted.

The 52 cases of Scarlet Fever were scattered more over the whole district, viz., in Langtoft (15 cases), Pointon (6 cases) Carlby (6 cases), Baston (5 cases), Little Bytham (4 cases), Market Deeping (4 cases) Irnham (3 cases), Billingborough (2 cases) Elsthorpe

(2 cases), Rippingale (2 cases), Folkingham (1 case), Aunby (1 case), Deeping St. James (1 case). The schools do not appear to have been instrumental in spreading the disease and for this reason it has not been thought necessary to close any of them, with the exception of Irnham school which was closed for a few days for disinfection, as the 3 cases occurred almost simultaneously. With Scarlet Fever the difficulty is to keep the patients isolated for a sufficient length of time, as the bedrooms of the average labourer's house are cold, cheerless places with no fireplaces, so that it is little wonder that the invalid is allowed to mix with the other members of the household long before the danger period is over. In some cases the patient passed through the whole illness in the common living room.

16 cases of Erysipelas occurred, and of these 10 were notified from the Corby district. Several cases of Erysipelas occurred in Workhouse Terrace, Corby. In this row of houses the privies are within a few feet of the back doors, and beyond the privies are a row of pigsties. The rain water cisterns adjoined the privy vaults. The inmates of the houses complained bitterly of the smell from the privies and your Council ordered the privies to be converted into earth closets. One death occurred from Erysipelas at Deeping St. James—a woman 73 years of age.

Table IV. gives causes of and ages at death during year 1907.

There were 16 deaths from Cancer in 1907 compared with 13 deaths in 1906. This increase in the Cancer death rate has been going on for years, and is not confined to this district. In 1867 the Cancer death rate for all England was '40, in 1887 it was '63, and in 1907 it is 1·28 (for this district at least). I need scarcely remind you that the actual cause of Cancer is as yet unknown, despite the labours of many distinguished men in all countries. There were 6 cases of Cancer in the Aslackby district, and the same number in the Deeping district, 3 cases in the Corby District, and only 1 case in Bourne Rural. The numbers, however, are too small to warrant any inference.

TABLE I.
BOURNE RURAL DISTRICT.

Vital Statistics of whole District during 1907 and previous Years.

YEAR.	Population estimated to Middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.			
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*	Number.	Rate.*
				Number.	Rate per 1,000 Births registered.	Number.	Rate.*							
1	2	3	4	5	6	7	8	9	10	11	12	13		
1897	19,958	514	25·7	65	126·4	300	15							
1898	20,139	493	24·4	59	119·6	289	14·3							
1899	20,354	405	19·8	71	175·3	260	12·7							
1900	15,229	360	23·6	33	91·6	206	13·5							
1901	13,401	350	26·1	39	111·4	192	14·3							
1902	13,322	312	23·4	41	128·2	202	15·1							
1903	13,353	351	26·2	52	148·1	197	14·7							
1904	13,367	350	26·1	38	108·5	193	14·4							
1905	13,332	390	22·3	31	104	186	13·9							
1906	13,359	342	25·5	28	81·8	203	15·1							
Averages for years 1897-1906	15,581	386	24·3	45·7	119·4	222·8	14·3							
1907	12,464	300	24	25	83·3	182	14·6			19	202	16·2		

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.
At Census of 1901—Total population at all ages, 13,212. Number of inhabited houses, 3,097.
Average number of persons per house, 4·26.
Area of District in acres (exclusive of area covered by water), 78,573.



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TABLE II.
BOURNE RURAL DISTRICT.

Vital Statistics of separate Localities in 1907 and previous years.

NAMES OF LOCALITIES.	1.—ASLACKBY.				2.—BOURNE.				3.—CORBY.				4.—DEEPING.			
YEAR.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of 1 year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
	<i>a.</i>	<i>b.</i>	<i>c.</i>	<i>d.</i>	<i>a.</i>	<i>b.</i>	<i>c.</i>	<i>d.</i>	<i>a.</i>	<i>b.</i>	<i>c.</i>	<i>d.</i>	<i>a.</i>	<i>b.</i>	<i>c.</i>	<i>d.</i>
1897 ..	5783	109	84	26	6427	224	91	20	3616	87	52	8	4132	94	73	11
1898 ..	5820	104	68	9	6512	206	116	29	3652	96	54	16	4155	87	51	5
1899 ..	5878	111	58	14	6592	126	94	30	3699	91	51	13	4185	77	54	14
1900 ..	5906	105	52	8	1386	70	53	10	3727	82	45	7	4210	103	56	8
1901 ..	4082	104	56	13	2879	76	40	8	2871	85	44	10	3569	85	52	8
1902 ..	4060	96	60	12	2865	69	40	7	2858	71	43	11	3539	76	59	11
1903 ..	4050	98	59	10	2868	83	49	14	2869	72	39	10	3566	98	50	18
1904 ..	4064	100	53	10	2873	74	43	7	2865	89	38	10	3565	87	59	11
1905 ..	4058	96	58	8	2870	69	27	4	2855	55	44	10	3549	78	57	9
1906 ..	4065	90	47	7	2895	87	41	6	2858	80	44	8	3541	85	71	7
Averages of Years 1897 to 1906.	4776·6	101·3	59·5	11·7	3816·7	108·4	59·4	13·5	3187	80·8	45·7	10·3	3801·1	87	58·2	10·2
1907 ..	3882	85	57	5	2644	71	42	5	2563	60	47	10	3382	84	56	6

TABLE III.
BOURNE RURAL DISTRICT.
Cases of Infectious Disease notified during the year 1907.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.				NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.			
	At all Ages.	At Ages—Years.						Aslackby.	Bourne Rural.	Corby.	Deeping.	Aslackby.	Bourne Rural.	Corby.	Deeping.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.								
Small-pox															
Cholera															
Diphtheria (including Membranous croup) ..	44		6	33	2	3		1	39	3	1				
Erysipelas	16		1		3	10	2		3	10	3				
Scarlet fever	52		9	29	12	2		11	8	8	25				
Typhus fever															
Enteric fever															
Relapsing fever															
Continued fever															
Puerperal fever															
Plague															
Totals	112		16	62	17	15	2	12	50	21	29				

ISOLATION HOSPITAL—BOURNE ISOLATION HOSPITAL, BOURNE URBAN DISTRICT.

TABLE IV.
BOURNE RURAL DISTRICT.
Causes of, and Ages at, Death during 1907.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							DEATHS IN LOCALITIES (AT ALL AGES.				IN BOURNE WORKHOUSE.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up- wards.	Aslackby	Bourne Rural.	Corby.	Deeping.	
Small-pox												
Measles												
Scarlet Fever												
Whooping-cough	3	1	2					1		2		
Diphtheria (including Membranous croup) ..	3			2	1				3			
Croup												
Typhus												
Fever { Enteric												
Other continued												
Epidemic Influenza ..	2		1	1				2				
Cholera												
Plague												
Diarrhœa <i>See notes at back</i>	5	4	1					2	2		1	
Enteritis <i>See notes at back</i>	2						2			1	1	
Puerperal Fever <i>See notes at back</i>												
Erysipelas	1						1				1	
Other Septic Diseases ..	2	1					1			1	1	
Phthisis, (Pulmonary Tuberculosis) ..	15			1	3	10	1	3	1	2	9	
Other Tubercular Diseases	1				1				1			
Cancer, Malignant Disease	16					9	7	6	1	3	6	
<i>See notes at back</i>												
Bronchitis	18	2	1			3	12	6	1	5	6	
Pneumonia	14	5	4		1	2	2	3	2	7	2	
Pleurisy	2					1	1		1		1	
Other Diseases of Respira- tory Organs ..	10	1				3	6	3	1	6		
Alcoholism							2	1			1	
Cirrhosis of Liver }	2											
Venereal Diseases ..												
Premature Birth	3	3							1		2	
Diseases and Accidents of Parturition												
Heart Diseases	17			1		4	12	6	5	4	2	
Accidents	7				2	1	4	1	1	3	2	
Suicides	3					2	1		1		2	
Congenital Defects ..	4	4							1			
Marasmus	2	2						1		1		
Convulsions	2	2							1		1	
All other causes	68	1	2	3		17	45	22	19	9	18	
All causes	202	26	11	8	8	52	97	57	42	47	56	

Notes.—(a) In Table IV., all deaths of “Residents” occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective “Localities” according to the previous addresses of the deceased as given by the Registrars. Deaths of “Non-residents” occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.

(b) See notes on Table I. as to the meaning of “Residents” and “Non-residents,” and as to the “Public Institutions” to be taken into account for the purposes of these Tables. The “Localities” in Table IV. should be the same as those in Tables II. and III.

(c) All deaths occurring in public institutions situated within the district, whether of “Residents” or of “Non-residents,” are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.

(d) The total deaths in the several “Localities” in columns 9-15 of Table IV. should equal those for the year in the same localities in Table II, sub-columns c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of columns 9-15. and the figures for the year in column 12 of Table I.

(e) Under the heading of “Diarrhœa” are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera and Cholera Nostras.

In addition, and as regards deaths of children *under one year of age*, under the heading “Diarrhœa” in column 3 (Table IV.) are to be included all deaths classified as “Diarrhœal diseases” in Table V.

Under the heading of “Enteritis” in Table IV., are to be included only deaths *over one year of age* registered as due to Enteritis, Muco-enteritis, Gastro-enteritis, Gastric catarrh, Gastritis, and Gastro-intestinal catarrh, unless from information obtained by inquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, under the specific term “Diarrhœa.” Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

(f) Under the headings of “Cancer” and “Puerperal fever” should be included all registered deaths from causes comprised within these general terms. Thus: Under “Cancer” should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under “Puerperal Fever” are to be included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.

(g) Under “Congenital Defects” in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformations and Congenital hydrocephalus.

(h) Under “Tuberculous Meningitis” are to be included deaths from Acute hydrocephalus.

(i) Under “Other Tuberculous Diseases” are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.

(j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as “Certified”; all other deaths are to be regarded as “Uncertified.”

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables.

JOHN GALLETLY,

Medical Officer of Health,

11th February, 1908.

TABLE V.—BOURNE RURAL DISTRICT.
INFANTILE MORTALITY DURING THE YEAR 1907.—Deaths from stated
 Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified	5	3	3	1	12	2	2	3	1				2	2		1	25
	Uncertified	1				1												1
Common Infectious Diseases.	Small-pox																	
	Chicken-pox																	
	Measles																	
	Scarlet Fever																	
	Diphtheria (including Membranous Croup)																	
Diarrhoeal Diseases.	Whooping Cough														1			1
	Diarrhoea, all forms ..			1	1	2											1	3
	Enteritis, Muco-enteritis																	
	Gastro-enteritis																	
	Gastritis, Gastro-intestinal Catarrh								1									1
Wasting Diseases.	Premature Birth	2		1		3												3
	Congenital Defects	2	1			3		1										4
	Injury at Birth																	
	Want of Breast-milk, Starvation																	
	Atrophy, Debility, Marasmus		1			1								1				2
Tuberculous Disease.	Tuberculosis Meningitis																	
	Tuberculosis Peritonitis																	
	Tabes Mesenterica																	
	Other Tuberculous Diseases																	
	Erysipelas																	
Other Causes.	Syphilis																	
	Rickets																	
	Meningitis (not Tuberculosis)																	
	Convulsions	1	1			2												2
	Bronchitis							1	1									2
	Laryngitis																	
	Pneumonia			1		1	1		1	1					1			5
	Suffocation, overlying																	
	Other Causes	1				1	1							1				3
TOTALS ..		6	3	3	1	13	2	2	3	1				2	2		1	26

Population estimated to middle of 1907—12,464. Births in the year—Legitimate, 281; Illegitimate, 19.

Deaths in the year—Legitimate, 25; Illegitimate, 1. Deaths from all Causes at all Ages—202.

There were 15 deaths from Pulmonary Tuberculosis in 1907, and 1 death from Tubercular diseases. This gives a death rate of 1.20 for Tuberculosis, whereas in 1867 it was 2.45 for all England. Our experience, as regards this disease, is similar to that of the rest of England, viz., a diminishing death rate. Out of the 15 deaths from Pulmonary Tuberculosis 9 occurred in the Deeping district, 3 in the Aslackby district, 2 in the Corby district, and only 1 in the Bourne Rural. Whereas Cancer is a disease affecting, by preference, elderly people Tuberculosis is a disease attacking, unfortunately, all ages, but chiefly at ages between 15 and 45. It is now well known to be caused by a minute germ or bacillus which, under favourable conditions, forms spores. Tuberculosis may be transmitted by inoculation (a rare form of the disease and usually a local one), but is usually acquired by inhalation or by swallowing. Inhalation is undoubtedly the chief means by which the bacilli, or their spores, gain access to the human body. The spores are found in the dust of rooms in which consumptives are living. In view of the fact that Tuberculosis may be conveyed from person to person, like other infectious diseases, when the conditions (overcrowding, ill-ventilated rooms, absence of sunlight, damp soil) are favourable, it were well if all cases were notified to the Medical Officer of Health. This notification, however, need not be compulsory in the first instance. Notification would help the Sanitary Authority by directing its attention to the source of the evil in the damp, dark, ill-ventilated homes of the sufferers. At the same time early notification would enable the Sanitary Authority to offer assistance in suitable cases so as to secure proper treatment, possibly even to send the patient to some well-equipped sanatorium. I understand this matter is to be brought up for discussion before our Sanitary Committee at an early date. Even more valuable, in my opinion, would be the provision of hospitals where the advanced and incurable cases could be sent, as it must be these that are most responsible for the spread of the disease to the other inmates

of the house. At present, it is very difficult to get an advanced case of Tuberculosis admitted to any hospital or institution, except the Workhouse, and there only if the victim be destitute. Tuberculosis may also be acquired by swallowing the poison in the milk we drink and the meat we eat. For this reason it is important to see to the sanitary condition of the cowsheds, in which the cows are housed, and the dairies in which the milk is stored, so that the Tubercle bacilli be not introduced into our bodies by this means. The large percentage of cattle affected with Tuberculosis shows likewise the need for inspection of our meat supply. By proper attention to the housing of our cattle Bovine Tuberculosis would become less and less prevalent.

The deaths from diseases of Respiratory Organs, other than Tuberculosis, are rather numerous, viz., 44 in number. There were 7 fatal accidents and 9 suicides. The other causes of death do not call for comment.

Table V. gives the Infantile Mortality during the year 1907.

I have already mentioned that the Infant Mortality in 1907 was a low one, viz.:—83·3. There were 26 deaths of children under 1 year, 13, or exactly one half, occurred within 4 weeks of birth, and were due to Premature Birth, Congenital defects, Diarrhœa and Convulsions. In children over 4 weeks old the deaths were caused chiefly by Pneumonia, Bronchitis and Convulsions.

I remain, Gentlemen,

Your obedient Servant,

JOHN GALLETLY,

Medical Officer of Health.

Bourne Rural District Council.

ANNUAL REPORT

BY THE

INSPECTOR OF NUISANCES,

FOR THE YEAR 1907.

Mr. Chairman and Gentlemen,

I have the honour to submit to you my Thirty-fifth Annual Report for the year ending the 31st December, 1907, showing the amount of Sanitary Work I have had carried out under your Authority.

580 Ordinary Visits and Inspections made.

36 Notices were served.

235 Letters were written on the business of the Office.

35 New Privies have been constructed.

42 Defective Privies and Drains put in order.

21 New Drains were constructed.

42 New Gully Traps were fixed.

5 Urinals constructed in Frognall, Deeping St. James, Market Deeping, Folkingham and Swayfield.

116 Nuisances removed, such as foul Privies, Ashpits, Manure Heaps, &c.

10 Wells, Tanks and Cisterns cleaned out and repaired, with new coverings to Wells, &c.

30 New Ashpits and Cesspools provided.

17 Offensive Pigstys, Privies and Ashpits removed.

2 Houses complained of repaired and cleaned.

13 New Wells and Rain Water Cisterns provided.

79 Houses and 4 Schools were Fumigated, Cleaned and Limewashed after Infectious Disease, and in most cases disinfectants were provided.

The bed, &c., of I. B., at Thurlby, were destroyed, after a death from Diphtheria, for which £1 was allowed.

The cost of Fumigating the Master's Bedding, &c., at the Thurlby Council School House, 13/6.

14 New Houses were inspected prior to occupation and certificates given where the Water Supply and Sanitary arrangements were considered satisfactory.

4 Notices were served upon the owners of seven houses under the Housing of the Working Classes Act, 1890 ; six remain closed and one has been repaired.

3 Public Pumps were repaired—one in Dowsby, at a cost of £1/10/4 ; Rippingale, £2/16/4 ; and in Towngate, Market Deeping, £3/11/3.

3 Notices and Reports to the Medical Officer of Health.

The following Sewage Ditches, &c., have been cleaned out :

			£	s.	d.
Aslackby	...	...	1	18	3
Baston	...	...	2	0	0
Carlby	...	...		4	0
Deeping St. James (River Welland)			7	0	0
Deeping St. James (Horsegate Ditch)			3	9	6

Dunsby	3	2	6
Folkingham	1	5	0
Haeonby and Stainfield ...	2	3	0
Langtoft	1	0	0
Manthorpe		2	6
Pointon	4	2	3
Rippingale	6	1	0
Thurlby, including the eleaning out of Cesspool near the Car Dyke Bridge	7	4	3
Wytham-on-the-Hill ...	2	6	4

Those in Billingham, Horbling and Morton were done under the superintendence of the Parochial Committees.

Necessary Repairs were done at the Bourne and Castle Bytham Infectious Hospitals—the former at a cost of £2/4/5 and the latter 19/6.

Certain premises were Inspected in Corby, Folkingham and Pointon prior to granting of Licenses for the storing of a given quantity of Petrol.

I have made eight visits during the year to the Common Lodging House in Deeping St. James, and have always found it clean, well kept and Limewashed throughout twice during the year in accordance with the Act. This house has been recently transferred from William Fisher to Frederick Popple and is Registered in his name.

I have made 14 Visits to Cow Sheds and Dairies on the Old Register which are now reduced to 5 and have found them fairly clean and twice Limewashed during the year.

Also 20 Visits to 13 others in various parts of the district under the New Regulations of 1906, six of whom hawk their milk. There is only one out of this number that I can recommend for Registration.

The other seven only sell Milk in small quantities to their workpeople and neighbours, but their Sheds, &c., generally were in a dirty state and require thoroughly Cleansing and Lime-washing throughout.

I reported the above to the Council on the 22nd August last.

I have also made the usual Periodical Visits to Bakehouses, Slaughter Houses, Knackers' Yards, &c.

I remain, Gentlemen,

Your obedient Servant,

F. VINTER,

Inspector of Nuisances.

Bourne, January 27th, 1908.

